PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P0500036795 1. Corporation Name A Gift From God Child Develop Center Inc		- 12 MAY -3 PM 3:51
Jacksonville El 322TO		
2. Principel Office Address - No P.O. Box# 2104 Cassat Ave	3. Mailing Office Address 2104 Cassat Ave	REINSTATEMENT08-12
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State JOCKSONVILLE, FL	City & State	5. FEI Number
Zip Country	Jacksonville, Fl Zip Country	- 204829534 Not Applicable
32210 Duval	32210 Duval	CERTIFICATE OF STATUS DESIRED S6.73 Additional Fee required tor a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)		-100231181271 05/03/1201005001 **60.00
Suite, Apt. #, Etc.		- 100231181271 04/24/1201025003 **1300.00
Jacksonville	State Zip Code FL 32205	_ 04/24/1201025003 **1300.00
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Date Date Date 3-27-12		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	
P Sheree Harv	in 6764 Grace (Circle North Jacksonville, F13205
	·	
REINSTATEMENT St OC		NAY 0 3 2012
2008-12 1250		T. CAULEY
		W1a-22756
10. E-mail Address: <u>Sheree Harvin O Mail Com</u> (To be used for future annual report notification)		
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as		
if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 3 - 2.7 - 1.2 (904)910 -		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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